

Customer Profile

All signatures on the account must sign the application beside X.

Personal Information

Name of Account: JITENDRA GOPALDAS 2/BR
GOPAL GANGARAM BHATIA 2/BR KISHANCHAND
GANGARAM BHATIA 2/BR NIRMALA KISHANCHAND

Residence Address _____

Personal Information
Redacted

Mailing Address
(If different from residence) _____

Passport Information

(Please provide copies of your passport)

Name: JITENDRA Nationality: INDIAN
GOPALDAS Number: _____

Name: GOPAL Nationality: INDIAN
GANGARAM BHATIA Number: _____

Name: KISHANCHAND Nationality: INDIAN
GANGARAM BHATIA Number: _____

Name: NIRMALA Nationality: INDIAN
KISHANCHAND Number: _____

Business Information

Occupation: _____

Line of Business: _____

Business Address: _____
Personal Information
Redacted

Home Telephone: _____

Office Telephone: _____

Telex/Fax Numbers: _____

Amerex Cards:-

Personal Card No: _____ x _____ c _____

Platinum Card No: _____ x _____ x _____

Corporate Card No: _____ x _____ x _____

If U.S. Citizen or resident please enter U.S. social security number: _____ x _____

Bank Use Only

Account Number: _____

CTF: _____ *71** _____

Details of Remittance: _____

Joint Accounts - Individual Accounts only

(Please indicate as appropriate)

All transactions to be concluded with or through the Bank (including the creation of any charge, assignment or other encumbrance over any monies or other property from time to time as security for the liabilities of any person) in your names and the execution of any amendment or supplement to this agreement must be authorized by the following signatories:

☒ ANY ONE of the individuals signing on this application

OR

☐ ANY TWO of the individuals signing on this application

OR

☐ ALL of the individuals signing on this application

OR

☐ OTHER (specify) _____

Bank References

Name of Bank: _____

Full Address: _____

Contact Person: _____
Personal Information
Redacted

Name of Bank: _____

Full Address: _____

Contact Person: _____

American Express Bank Ltd. is hereby irrevocably and unconditionally authorized by you (the Customer) to contact the above banks in order to obtain any reference or other information required by the Bank (and for this purpose the Bank may make disclosure of such information as the Bank, in its sole discretion, consider to be relevant for its purposes).

RM in attendance: Swendran

Date of Meeting: _____

Location of Meeting: _____

All transactions to be concluded by you with or through the Bank shall be subject to the terms and conditions of this account application and the Private Banking Services Agreement. By signing this application, I acknowledge that I have received a copy of the Private Banking Services Agreement and that I have read and fully understand the terms.

**Signed, Sealed and Delivered
By All Applicants**

X JGBhatia
Print Name JITENDRA GOPAL DAS

X [Signature]
Print Name GOPAL GANGARAM BHATIA

X [Signature]
Print Name KISHANCHAND GANGARAM BHATIA

X Nirmala kishanchand.
Print Name NIRMALA KISHANCHAND

Date: _____

Signed for American Express Bank Ltd.

Thank you for establishing an account with American Express Bank Ltd., Singapore. The General Banking and Investment services are immediately available.

Availability of Foreign Exchange and Credit Services will be as advised to you by American Express Bank Ltd., Singapore from time to time.

In the presence of Witness:

X [Signature]
Print Name SURENDRAAN R. MENON

Date: 12 MARCH 2003

[Signature]
Print Name MORTEZA K. FARZANEH

Date: 12 MARCH 2003

LETTER OF AUTHORITY - SPECIMEN SIGNATURE AND SIGNING INSTRUCTION


The Bank is hereby authorized to accept written instructions from the following authorized signatories given in the manner specified below concerning the operation of all of my Accounts and all other matters as provided for in this document between the Bank and me. This authority is to remain in full force and binding upon me until receipt by the Bank of written instructions from me to the contrary.

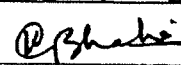
Name of signatory & I.D. Card/Passport No.	AMERICAN EXPRESS BANK LTD		SIGNATURE CARD	
(1) Mr./Mrs./Miss	Title of Account(s)	Account(s) No.:		
(2) Mr./Mrs./Miss	(1) _____	(4) _____	Signing Instructions: <input type="checkbox"/> Single <input type="checkbox"/> Joint. Any _____ <input type="checkbox"/> Special Instruction _____	
(3) Mr./Mrs./Miss	(2) _____	(5) _____		
(4) Mr./Mrs./Miss	(3) _____	(6) _____		
(5) Mr./Mrs./Miss	For Internal Use Only			
(6) Mr./Mrs./Miss	Signatures Witness By	Approved By	Date	Branch
	_____	_____	_____	Singapore
	RM	Director		

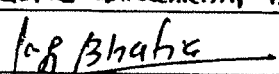
Telephone and Telefax Instructions

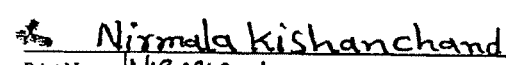
You authorize the Bank to accept your instructions in respect of any transaction by telephone and/or facsimile transmission in accordance with the terms of the Private Banking Services Agreement.

If you want this service all clients must sign below:


Print Name JITENDRA GOPAL DAS

X 
Print Name GOPAL GANGARAM BHATIA

X 
Print Name KISHANCHAND GANGARAM BHATIA


Print Name NIRMALA KISHANCHAND

Hold Mail Instructions

You authorize the Bank to hold all correspondence relating to any account or transaction concluded with the Bank until collected by you (or in the case of a joint account by any one of you). The annual fee for such services will be as advised by the Bank from time to time.

If you want this service all clients must sign below:

X _____
Print Name _____

X _____
Print Name _____

X _____
Print Name _____

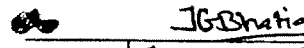
X _____
Print Name _____

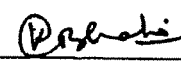
Confidentiality Waiver

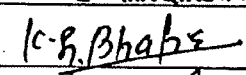
You authorize the Bank to disclose details of your relationship with the Private Bank in Singapore to other American Express subsidiaries & affiliates for their confidential and internal use.

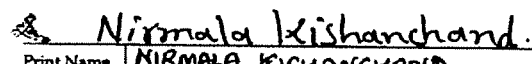
Disclosure of Risks and Disclaimer

I confirm that I have read the section entitled "Disclosure of Risks and Disclaimer" of the Private Banking Services Agreement and fully understand it.


Print Name JITENDRA GOPAL DAS

X 
Print Name GOPAL GANGARAM BHATIA

X 
Print Name KISHANCHAND GANGARAM BHATIA


Print Name NIRMALA KISHANCHAND

Spousal Consent

I hereby consent to the charge of the assets in the account.

X _____
Print Name _____
Spouse of: _____

X _____
Print Name _____
Spouse of: _____

X _____
Print Name _____
Spouse of: _____

X _____
Print Name _____
Spouse of: _____

Exemption from U.S. Withholding Tax

I hereby confirm that for tax purposes I am not a resident or citizen of the United States of America. Accordingly I request that interest paid or credited to balances with the Bank should not be reported to the U.S. internal revenue service. I will immediately advise the Bank should I become resident or citizen of the United States of America.